

## Policy for Issuing Hearing Aids and Eyeglasses

**1. Purpose:** To develop uniform criteria necessary for the issuance of hearing aids and eyeglasses to eligible veterans in Network 23.

**2. Policy:**

a. **Eligibility:** Public Law 104-262 with specific reference 38 CFR Section 17.149 states that notwithstanding any other provision of this part, Veterans Health Administration (VHA) will furnish neuro-sensory aids (i.e., eyeglasses, hearing aids) to veterans with continuing eligibility or otherwise enrolled and receiving VA care. It is VHA policy that all enrolled and those veterans exempt from enrollment are eligible for medical services that include diagnostic audiology and diagnostic and preventative eye care services. In accordance with this law, the following veterans are eligible for hearing aids and eyeglasses:

- 1) Those with any compensable service-connected disability
- 2) Those who are former Prisoners of War (POWs)
- 3) Those who were awarded a Purple Heart
- 4) Those in receipt of benefits under Title 38 United States Code (U.S.C.) 1151
- 5) Those in receipt of an increased pension based on being permanently housebound and in need of regular aid and attendance
- 6) Those with vision or hearing impairment resulting from diseases or the existence of another medical condition for which the veteran is receiving care or services from VHA, or which resulted from treatment of that medical condition, e.g., stroke, Polytrauma, traumatic brain injury, diabetes, multiple sclerosis, vascular disease, geriatric chronic illnesses, toxicity from drugs, ocular photosensitivity from drugs, cataract surgery, and/or other surgeries performed on the eye, ear, or brain resulting in vision or hearing impairment.
- 7) Those with significant functional or cognitive impairment evidenced by deficiencies in the ability to perform activities of daily living.
- 8) Those who have vision and/or hearing impairment severe enough that it interferes with their ability to participate actively in their own medical treatment and to reduce the impact of dual sensory impairment (combined hearing and vision loss). **NOTE:** Per VHA Directive 2008-070 the term "severe" is to be interpreted as a vision and/or hearing loss that interferes with or restricts access to, involvement in, or active participation in health care services (e.g., communication or reading medication labels). The term is not to be interpreted to mean that a severe hearing or vision loss must exist to be eligible for hearing aids or eyeglasses.

9) Those veterans who have service-connected vision disabilities rated zero percent or service-connected hearing disabilities rated zero percent if there is organic conductive, mixed, or sensory hearing impairment, and loss of pure tone hearing sensitivity in the low, mid, or high-frequency range or a combination of frequency ranges which contribute to a loss of communication ability; however, hearing aids are to be provided only as needed for the service-connected hearing disability.

b. **Medical Necessity:** Established after the veteran is determined to be eligible. A veteran must be both eligible and have a medical need to receive hearing aids or eyeglasses from prosthetics. Eligibility rules are the same for both inpatients and outpatient medical services.

1) The veteran's VA primary care provider will initiate the referral to Audiology and Speech Pathology Service for a diagnostic hearing evaluation. The Audiology and Speech Pathology Service is responsible for determining medical necessity (see attachment A.) and prescribing the appropriate medical hearing device.

2) The veteran's VA primary care provider will initiate the referral to Ophthalmology and Optometry Service for a diagnostic eye evaluation. The Ophthalmology and Optometry Service is responsible for determining medical necessity (see attachment B.) and prescribing the appropriate medical low vision aid, eyeglasses and or blind aid.

### 3. Definitions and Communicative Criteria:

a. **Hearing Aid Candidate:**

1) Audiologists must utilize the Remote Order Entry System (ROES) to review and request eligibility for hearing aids; by requesting the hearing aid in ROES, the audiologist stipulates that medical need exists based on the evaluation. The audiologist is responsible for applying all the criteria in prescribing hearing aids listed on attachment A and the following:

a. The Veterans in Priority Groups 1-5 are eligible for hearing aids.

b. Non-service connected (NSC) veterans (Priority Groups 6, 7, and 8) must receive a hearing aid evaluation (HAE) prior to determining eligibility for hearing aids to establish medical justification for provision of these devices. These veterans must meet the following criteria for eligibility based on medical need:

1. Be enrolled or exempt from enrollment and receiving a vested level of care from a VA medical facility; and

2. Have hearing loss that interferes with or restricts communication to the extent that it affects their active participation in the provision of health care services as determined by the audiologist.

c. In those instances where the veteran presents to the audiology clinic with a hearing aid provided from a non-VA source, the audiologist determines the effectiveness of the device in meeting the veteran's rehabilitative needs. If the device



is sufficient for the veteran's needs, no device will be prescribed, but the audiologist may register the hearing aids through ROES for battery and repair services. If the device is not sufficient for the veteran's needs, the audiologist must apply the replacement provisions detailed in this policy (See 4.b).

**b. Eyeglasses Candidate:**

- 1) The eye care specialist is responsible for applying all the criteria in prescribing eyeglasses listed on attachment B and the following:
  - a. Veterans in Priority Groups 1-5 are eligible for eyeglasses
  - b. NSC veterans (Priority Groups 6, 7, and 8) must receive an appropriate evaluation by an optometrist or ophthalmologist, prior to determining eligibility for eyeglasses, to establish medical justification for provision of these devices. In those instances where the veteran presents to the eye clinic with eyeglasses provided from a VA or non-VA source, the eye care practitioner or provider determines the effectiveness of the device in meeting the veteran's rehabilitative needs. If the device is sufficient for the veteran's needs, no device will be prescribed. If the device is not sufficient for the veteran's needs, the eye care practitioner or provider will apply the replacement provisions detailed in this Directive. These veterans must meet the following criteria for eligibility based on medical need:
    1. Be enrolled or exempt from enrollment and receiving a vested level of care from a VA medical facility; and
    2. Have vision loss that interferes with or restricts communication, quality of life or activities of daily living to the extent that it affects their active participation in the provision of health care services as determined by the eye care practitioner or provider.
  - c. Clinical Judgment is the practitioner's professional opinion of medical need based upon his/her assessment of objective and subjective data during the evaluation, which may indicate a neuro-sensory aid is needed. It is VHA Policy to err on the side of the veteran and provide the neuro-sensory aid.

**4. Spares and Replacements:**

- a. Issuing spares or second pairs only as determined by the audiologist or eye care practitioner or provider (optometrist or ophthalmologist) in accordance with VHA Prosthetics Handbook 1173 Chapters 7 and 12. **NOTE:** When providing spare or a second pair of eyeglasses from any existing prescription, the prescription must be current and appropriate for the visual needs of the veteran. Two pairs of single vision eyeglasses, one for reading and one for distance, are to be provided in cases where bifocal lenses are contraindicated.
- b. Replacing hearing aids and eyeglasses in accordance with VHA Prosthetics Handbook 1173 Chapters 7 and 12, to include: **NOTE:** Hearing aids or eyeglasses are not to be replaced solely for cosmetic purposes.

1. Hearing aids or eyeglasses are to be replaced when the device proves to be ineffective, irreparable, or the veteran's medical condition has changed and a different device is needed.
2. Hearing aids or eyeglasses are to be replaced if the device was destroyed or lost due to circumstances beyond the control of the veteran.
3. Hearing aids or eyeglasses are not to be replaced because of availability of newer technology, unless there is evidence that the replacement will significantly benefit the veteran.
4. For hearing aids, replacement may be based on age of the device, whether they are beyond economical repair, technical performance is reduced, parts or accessories are unavailable, or the device is no longer sufficient for the veteran's communication needs.
5. Replacement hearing aids can be prescribed at any time that change of amplification characteristics are required to maintain or improve communication function. Hearing aids have an expected life span of 3 to 4 years depending on the model of the instrument, daily hours of use, wear and tear, frequency of repair and maintenance, ear conditions, and user lifestyle.
6. For eyeglasses, replacement of corrective eyeglasses necessitated by fair wear and tear, loss, or breakage due to circumstances beyond the control of the veteran, or due to required change of prescription, may be made at any time.
7. When replacement eyeglasses are prescribed because of a change in distance and/or near refractive error, the change must require at least a change in sphere, cylinder and/or axis specified below; or

Sphere power of	+ or - .25 diopter	
Cylinder power of	+ or - .50 diopter	
Axis change of	+ or - .25 to .75 diopters	5 degrees
	+ or - 1.00 to 2.00 diopters	3 degrees
	+ or - 2.25 diopters or more	2 degrees

**NOTE:** Appropriate prescriptions and resultant sphere, cylinder and/or axis changes must be determined by the examining optometrist or ophthalmologist. Replacement eyeglasses are procured and issued in the same manner as the initial prescription when the criteria are met.

8. Replacement eyeglasses can be prescribed at any time due to required refractive change of prescription to improve one line of visual acuity.
9. If one or both lenses are broken and there is any indication that the veteran's vision has changed, or if it has been more than 1 year since the veteran's eyes were last examined, the veteran is to be referred to an optometrist or ophthalmologist before replacement eyeglasses are ordered.



## **5. Responsibility:**

- a. The facility Director is responsible for ensuring access to audiology and eye care services including preventive health (care) services and routine vision testing for all enrolled veterans and those veterans exempt from enrollment.
- b. VISN 23 Audiologists and Eye Care Specialty licensed practitioners are responsible for ensuring that veterans meet the medical criteria for neuro-sensory aids as outlined by this policy and VHA Directive 2008-070 (Prescribing Hearing Aids and Eyeglasses). This is to ensure consistency throughout Network 23 for the issuance and denial of hearing aids and eyeglasses.
- c. Prosthetics staff will work collaboratively with the clinical staff to ensure a uniform application of this policy. Prosthetics staff is responsible for purchasing the eyewear or low vision aid, approving hearing aid orders in ROES, and monitoring compliance with VHA Prosthetics Handbook and Public Laws governing neuro-sensory aids.

## **6. References:**

- Title 38 CFR, Section 17.149, Sensorineural Aids
- VHA Prosthetics Handbook 1173 Chapter 7, Audiology and Speech Devices (Nov. 1, 2000)
- VHA Prosthetics Handbook 1173 Chapter 13, Prescribing Optics and Low Vision Devices (May 31, 2005)
- VHA Eligibility Reform Act of 1196 (PL 104-262)
- VHA Directive 2008-070, Prescribing Hearing Aids and Eyeglasses

## **7. Rescissions:**

- Network 23 Policy V23-CMO-021, Policy for Issuing Eyeglasses, June 18, 2004
- Network 23 Policy V23-CMO-022, Policy for Issuing Hearing Aids, May 14, 2004

## **8. Review Date and Responsibility:** June 1, 2012 by the VISN 23 Prosthetic Integrated Service Line

/S/

CYNTHIA BREYFOGLE, FACHE  
Acting Network Director

Attachments

Distribution:

VISN 23 Directors, Chiefs of Staff  
VISN 23 Chiefs of Prosthetics  
VISN 23 Staff  
VISN 23 Service Line Administrative Officers  
VISN 23 Union Presidents

### **Audiologist**

The audiologist is responsible for applying all the following in prescribing hearing aids:

(1) To mitigate the impact of hearing impairment on quality of life and participation, the following degree of impairment is considered disabling and establishes the basis for consideration of hearing aid candidacy, subject to evaluation by an audiologist: hearing thresholds 40 decibels (dB) HL or greater at 500, 1000, 2000, 3000, or 4000 hertz (Hz); or hearing thresholds 26 dB HL or greater at three of these frequencies; or speech recognition less than 94 percent (38 CFR §3.385). This degree of impairment is disabling is considered justification for hearing aids.

(2) When determining candidacy for amplification, audiologists must consider the effect of impairment (i.e., activity and participation) using well-established, patient-centered clinical practices. It is the effect of impairment, specifically participation restrictions (e.g., access to health care), that is the justification for eligibility based on medical need. In making decisions about candidacy for amplification, audiologists must apply evidence-based clinical practices guidelines and recommendations including, but not limited to:

(a) Audiology Clinical Practice Algorithms and Statements. Joint Committee on Clinical Practice Algorithms and Statements. Statement 3 and Algorithm 3. Joint Audiology Committee Statements on Hearing Aid Selection and Fitting (Audiology Today, Special Issue, August 2000). See <http://www.audiology.org/NR/rdonlyres/0BFA4442-81FA-4D06-A60A-C56DF888BAD3/0/ClinicalPracticeAlgorithms.pdf>.

(b) Guidelines for the Audiologic Management of Adult Hearing Impairment, American Academy of Audiology. See <http://www.audiology.org/NR/rdonlyres/5DE475B4-58F3-40A7-934E-584AC11EABE9/0/haguidelines.pdf>.

(c) Joint Audiology Committee on Clinical Practice. (1999). Clinical practice statements and algorithms. Rockville, MD: American Speech-Language-Hearing Association. See [http://www.asha.org/NR/rdonlyres/5CC8E228-AF53-40A2-91CE-9D9124FDA8B5/0/18871\\_1.pdf](http://www.asha.org/NR/rdonlyres/5CC8E228-AF53-40A2-91CE-9D9124FDA8B5/0/18871_1.pdf).



## **Eye Care Specialist**

Eye Care Practitioner or Provider- Since visual disorders requiring eyeglasses are so varied and complex that in some cases, a combination of acuity level and clinical practice guidelines does not address all possible prescribing indications, the eye care practitioner or provider, an optometrist or ophthalmologist, is responsible for applying all the following in prescribing eyeglasses:

(1) **Visual Acuity and Visual Field.** To mitigate the impact of vision impairment on quality of life and activities of daily living, eyeglasses must be provided to veterans who meet the following minimum criteria:

(a) 20/50 visual acuity or worse uncorrected refractive error at distance or near while using both eyes. **NOTE:** Per VHA Directive 2008-070, 20/50 visual acuity or 40 degree average visual field radius corresponds to the 80<sup>th</sup> percentile of function and is considered justification for eyeglasses.

(b) Average visual field radius of 40 degrees or less when assessed monocularly conducted using Goldmann's equivalent III/4e (e.g., altitudinal field loss; homonymous hemianopsia; generalized constriction or other significant visual field defects from eye and/or brain injuries, diseases or disorders, etc.) to ensure proper orientation and safe ambulation in the environment.

(2) **Literature-based Clinical Practice Guidelines and Recommendations.** Literature-based Clinical Practice Guidelines and Recommendations for optometrists and ophthalmologists. These include, but are not limited to:

(a) Optometric Clinical Practice Guidelines, American Optometric Association. See <http://www.aoa.org/x4813.xml>.

(b) Optometric Clinical Practice Recommendations, American Optometric Association. See <http://www.aoa.org/x5495.xml>.

(c) Preferred Practice Patterns, American Academy of Ophthalmology. See <http://one.aao.org/CE/PracticeGuidelines/PPP.aspx>.

(3) **Special Circumstances.** Special circumstances for prescription eyeglasses are evaluated on an as-needed basis subject to review by the Section or Service Chief of Optometry or Ophthalmology, or other designated official, as appropriate. Notwithstanding the visual acuity and visual field criteria in VHA Directive 2008-070, the eye care practitioner or provider must prescribe eyeglasses in the following special circumstances:

(a) Ophthalmic prescriptions are filled for veterans receiving medical care when determined medically necessary for the veteran's care by an optometrist or ophthalmologist.

(b) Special eyeglasses or frames required for cosmetic facial restorations may be procured upon the recommendation and approval of an optometrist or ophthalmologist. In such cases, corrective lenses are authorized for any refractive error present.

(c) Veterans with a service-connected disability for the loss of vision in an eye (or the enucleation or evisceration of one eye) are eligible for eyeglasses for defective vision in the remaining eye or to protect the vision in the remaining eye (safety eyeglasses or polycarbonate lenses, as appropriate).

(d) Prescriptions by optometrists or ophthalmologists of safety eyeglasses or polycarbonate lenses and/or eyeglasses with photochromic or tinted lenses are filled for veterans who are monocular, and those with post-cataract surgery, chronic uveitis, severe corneal disease, clinically-significant macular degeneration, clinically-significant cataract, ocular toxicity from drugs, ocular photosensitivity from drugs, significant visual field loss, significant amblyopia or visual acuity loss in the fellow eye (worse than 20/40 correctable visual acuity by conventional spectacle lenses), traumatic brain injury, photophobia, and/or retinal or other medical eye conditions, as appropriate.

(e) The need for photochromic or tinted lenses must be documented by an optometrist or ophthalmologist; this need may include the need for ocular protection from undesirable incident radiations, such as ultra violet radiation, etc. Tinted lenses will not be provided solely for comfort;

(f) Progressive addition lenses may be procured for eligible veterans when prescribed by an optometrist or ophthalmologist.

(g) Eligible veterans may be furnished an initial pair of corrective eyeglasses when prescribed by an optometrist or ophthalmologist. Two pairs of single-vision eyeglasses, one for reading and one for distance, will be provided if prescribed by an optometrist or ophthalmologist in cases where bifocal lenses are contraindicated. Post-surgical aphakic cataract patients may also be provided two pairs of eyeglasses (in addition to contact lenses): a pair of cataract eyeglasses (aspheric lenticular), and a pair of eyeglasses for use over contact lenses when prescribed by an optometrist or ophthalmologist.